

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/023501
	Filing Date	Dec. 17, 2001
	First Named Inventor	Hennig
	Title	Method for Increasing Clinical Spec
	Art Unit	1797
	Examiner Name	Wallenhorst, Maureen
	Attorney Docket Number	2001P56012US

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>S. Gelf</i>	Date	14.07.2008
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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